

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVE!
 AND
 FILED

97 SEP 26 PM 2: 22

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000057069 (4)

1. Corporation Name
SPLASH CAR WASH, INC.



Principal Place of Business 2430 SOUTH ATLANTIC AVE. SUITE E DAYTONA BEACH SHORES FL 32118	Mailing Address 2430 SOUTH ATLANTIC AVE. SUITE E DAYTONA BEACH SHORES FL 32118
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/01/1994	3a. Date of Last Report 04/23/1996
4. FEI Number 59-3259521	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 901 DUNLAWTON AVE.	2a. Mailing Address 26 901 DUNLAWTON AVE
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State PORT ORANGE, FL	28 City & State PORT ORANGE, FL
24 Zip 32127	25 Country VOLUSIA
29 Zip 32127	30 Country VOLUSIA

9. Name and Address of Current Registered Agent
**DAVIDSON, TERRELL C
 2430 SOUTH ATLANTIC AVE.
 SUITE E
 DAYTONA BEACH FL 32118**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DAVIDSON, TERRELL C	
STREET ADDRESS	3757 S. ATLANTIC AVE. #1901	
CITY-ST-ZIP	DAYTONA BEACH SHORES FL 32127	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MUSTIN, JOHN P	
STREET ADDRESS	3757 S. ATLANTIC AVE., #1601	
CITY-ST-ZIP	DAYTONA BEACH SHORES FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	LOMBARDI, LOUIS J	
STREET ADDRESS	175 CIRCLE ROAD	
CITY-ST-ZIP	SYOSET NY 11791	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	600002306908	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	-09/29/97--01121--011	
1.3 STREET ADDRESS	***\$550.00	***\$550.00
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Terrell C. Davidson* JUL 15 1997 904-257-5000

CR2E034 (4/97)